Exhibit A

(Letter dated December 13, 2019)

December 13, 2019



800-947-2987

Consumer Name: CINDY A JOHNSON

CBCS Account #:

2389

Total Balance Due for 1 account(s): \$ 625.60

Creditor Name	Creditor Account#	Balance		
CREDIT FIRST NATIONAL ASSOC	****** 3063	625.60		

*** DISCOUNT OFFER ***

Our records indicate you are eligible for a 75% discount offer if paid in one lump sum payment on or before 12/31/19. We are not obligated to renew this offer. To accept this offer:

- Call us at the number listed above to speak with a representative or;
- Enclose your one lump sum payment for the discounted amount of \$ 156.40 using the coupon below.

Unless other payment arrangements are made with our office, partial payments will be applied towards the total balance due and not the discounted amount.

When you provide a check as payment, you authorize CBCS either to use information from your check to make a onetime electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.

> This is a communication from a debt collector. This is an attempt to collect a debt and any information obtained will be used for that purpose.

SEE REVERSE SIDE FOR IMPORTANT INFORMATION

DETACH LOWER PORTION AND RETURN WITH PAYMENT

137ONCBCS222688_426537608

137ONCBCS222688

Dept. 3 PO Box 1280 Oaks PA 19456-1280 CHANGE SERVICE REQUESTED

CBCS ACCOUNT #	# ACCTS.	BALANCE	DISCOUNT	DISCOURITED AMT. \$ 156 40		
2389	1	\$ 625 60	75%			

See reverse side to pay by credit card 🔿

December 13, 2019

ADDRESSEE:

վիրոսոլմինիոնունիկինիսնիրիանիրաներ CINDY A JOHNSON

Philadelphia PA 19144-4012

REMIT TO:

CBCS PO BOX 2589 COLUMBUS OH 43216

Case 3:20-cv-01639-JEJ Document 11-1 Filed 11/10/20 Page 3 of 3

When you contact us, please include the following account number in your communication: 2389

WE ACCEPT VISA, MASTERCARD AND DISCOVER

If you wish to make your payment via credit card, please complete the information below and return in the enclosed envelope

Please indicate if □ Debit Card or □ Credit Card

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